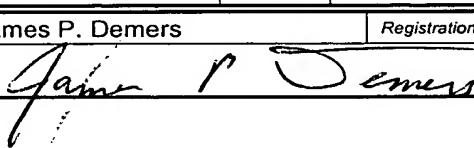
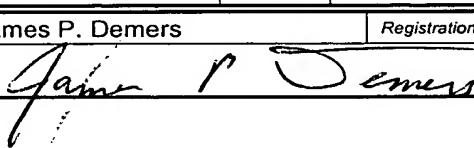
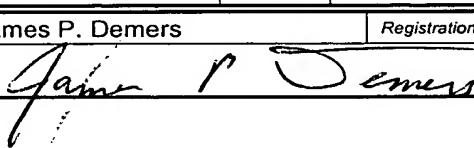
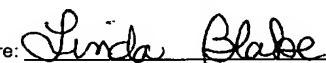


012204
14230 U.S.PTO

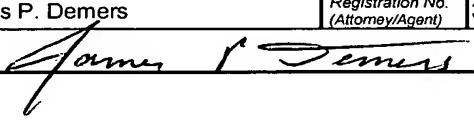
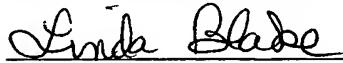
PTO/SB/05 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

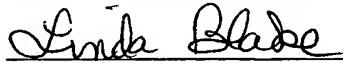
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. CDSI-P01-041 First Inventor Paul ASHTON Title SUSTAINED RELEASE DEVICE AND METHOD FOR OCULAR DELIVERY OF ADRENERGIC AGENTS Express Mail Label No. ER 986434709 US																													
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																													
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages 39] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 5] 5. Oath or Declaration [Total Sheets] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or <input type="checkbox"/> Paper ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies 																													
ACCOMPANYING APPLICATIONS PARTS <ul style="list-style-type: none"> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input type="checkbox"/> Other: _____ 																															
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ <small>Prior application information: Examiner _____ Art Unit: _____</small> For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																															
19. CORRESPONDENCE ADDRESS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;"><input checked="" type="checkbox"/> Customer Number:</td> <td style="width: 25%; padding: 2px;">28120</td> <td style="width: 25%; padding: 2px;">OR</td> <td style="width: 25%; padding: 2px;"><input type="checkbox"/> Correspondence address below</td> </tr> <tr> <td colspan="4" style="padding: 2px;">Name _____</td> </tr> <tr> <td colspan="4" style="padding: 2px;">Address _____</td> </tr> <tr> <td style="width: 25%; padding: 2px;">City _____</td> <td style="width: 25%; padding: 2px;">State _____</td> <td style="width: 25%; padding: 2px;">Zip Code _____</td> <td style="width: 25%; padding: 2px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Country _____</td> <td style="padding: 2px;">Telephone _____</td> <td style="padding: 2px;">Fax _____</td> </tr> <tr> <td style="width: 25%; padding: 2px;">Name (Print/Type)</td> <td colspan="2" style="width: 50%; padding: 2px;">James P. Demers</td> <td style="width: 25%; padding: 2px;">Registration No. (Attorney/Agent)</td> </tr> <tr> <td style="width: 25%; padding: 2px;">Signature</td> <td colspan="2" style="width: 50%; padding: 2px;"></td> <td style="width: 25%; padding: 2px;">Date January 22, 2004</td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number:	28120	OR	<input type="checkbox"/> Correspondence address below	Name _____				Address _____				City _____	State _____	Zip Code _____		Country _____		Telephone _____	Fax _____	Name (Print/Type)	James P. Demers		Registration No. (Attorney/Agent)	Signature			Date January 22, 2004
<input checked="" type="checkbox"/> Customer Number:	28120	OR	<input type="checkbox"/> Correspondence address below																												
Name _____																															
Address _____																															
City _____	State _____	Zip Code _____																													
Country _____		Telephone _____	Fax _____																												
Name (Print/Type)	James P. Demers		Registration No. (Attorney/Agent)																												
Signature			Date January 22, 2004																												
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER 986434709 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.																															
Dated: January 22, 2004 Signature:  (Linda Blake)																															

10/762439
16334 U.S.PTO012204
10/762439

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2>		Complaint if Known	
<i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		Application Number <input type="text" value="To be determined"/>	Filing Date <input type="text" value="January 22, 2004"/>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor <input type="text" value="Paul ASHTON"/>	Examiner Name <input type="text" value="Not Yet Assigned"/>
TOTAL AMOUNT OF PAYMENT <input type="text" value="(\$ 1,664.00)"/>		Art Unit <input type="text" value="N/A"/>	Attorney Docket No. <input type="text" value="CDSI-P01-041"/>
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:		3. ADDITIONAL FEES	
Deposit Account Number <input type="text" value="18-1945"/>		Large Entity <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="Fee Code (\$)"/>	Small Entity <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="Fee Code (\$)"/>
Deposit Account Name <input type="text" value="Ropes & Gray LLP"/>		Fee Description	Fee Paid
The Director is authorized to: (check all that apply)		<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="Fee Code (\$)"/>		Small Entity <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="Fee Code (\$)"/>	
<input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="1001"/> <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="770"/> <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="2001"/> <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="385"/>		<input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="1002"/> <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="340"/> <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="2002"/> <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="170"/>	
<input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="1003"/> <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="530"/> <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="2003"/> <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="265"/>		<input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="1004"/> <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="770"/> <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="2004"/> <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="385"/>	
<input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="1005"/> <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="160"/> <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="2005"/> <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="80"/>		<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="770.00"/>	
SUBTOTAL (1) <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="(\$ 770.00)"/>		FEE DESCRIPTION	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="44"/> -20** = <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="24"/> x <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="18"/> = <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="432.00"/>		Extra Claims <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="24"/>	
Independent Claims <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="5"/> -3** = <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="2"/> x <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="86"/> = <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="172.00"/>		Fee from below <input style="width: 50px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="86"/>	
Multiple Dependent <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="290"/>		Fee Paid <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="290.00"/>	
Large Entity <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="Fee Code (\$)"/>		Small Entity <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="Fee Code (\$)"/>	
1202 18 2202 9 Claims in excess of 20		Fee Description	
1201 86 2201 43 Independent claims in excess of 3		8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
1203 290 2203 145 Multiple dependent claim, if not paid		1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
1204 86 2204 43 ** Reissue independent claims over original patent		1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		1801 770 2801 385 Request for Continued Examination (RCE)	
SUBTOTAL (2) <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="(\$ 1,664.00)"/>		1802 900 1802 900 Request for expedited examination of a design application	
** or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	James P. Demers	Registration No. <input type="text" value="34,320"/>	Telephone <input type="text" value=" (212) 497-3631"/>
Signature			
Dated: <input type="text" value="January 22, 2004"/>		Signature:  (Linda Blake)	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER 986434709 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: Signature:  (Linda Blake)

Application No. (if known):

Attorney Docket No.: CDSI-P01-041

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. ER 986434709 US in an envelope addressed to:

MS Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on January 22, 2004
Date

Linda Blake

Signature

Linda Blake
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Specification (39 pages)
Claims (Total: 21, 4 pages)
Drawings (5 sheets, Figures 1-5)
Application Data Sheet (4 pages)